

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <i>(FOR USE WITH FORM PTO-875)</i>							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
<b>TOTAL IND.</b>							<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>							<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>							<b>TOTAL CLAIMS</b>						